L Number	Hits	Search Text	DB	Time stamp
1	2	("6337324" or "6068860").pn.	USPAT	2003/09/24 10:21
2	2	("5508310" or "6136835").pn.	USPAT	2003/09/24 10:22
3	1	9619482.did.	DERWENT	2003/09/24 10:37
4	0	AMINOPURINE adj ANTIVIRAL with LATENT adj HERPESVIRUS	DERWENT	2003/09/24 10:38
5	1	AMINOPURINE adj ANTIVIRAL with LATENT adj HERPESVIRUS	EPO	2003/09/24 10:43
6	1	5840763.pn.	USPAT	2003/09/24 10:43
-	31	FORMAT ADJ SAVE	USPAT	2002/03/20 14:34
-	319	penciclovir or famciclovir	USPAT	2003/09/24 09:33
-	53889	immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3	USPAT	2002/12/12 13:38
-	14564	cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone	USPAT	2002/12/12 13:38
-	43	(penciclovir or famciclovir) with ((immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3) or (cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone))	USPAT	2002/12/12 12:56
-	58	(penciclovir or famciclovir) same ((immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3) or (cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone))	USPAT	2002/12/12 12:56
-	15	((penciclovir or famciclovir) same ((immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3) or (cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone))) not ((penciclovir or famciclovir) with ((immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3) or (cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone)))	USPAT	2002/12/12 12:56
-	123	penciclovir or famciclovir	US-PGPUB	2002/12/12 13:35
-	9704	immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3	US-PGPUB	2002/12/12 13:35
-	3083	cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone	US-PGPUB	2002/12/12 13:35
-	17	(penciclovir or famciclovir) with ((immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3) or (cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone))	US-PGPUB	2002/12/12 13:37
-	0	harmenberg-j$.in.	US-PGPUB	2002/12/12 13:37
-	93	penciclovir or famciclovir	EPO; JPO; DERWENT	2002/12/12 13:38
-	57860	immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3	EPO; JPO; DERWENT	2002/12/12 13:38
-	3760	cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone	EPO; JPO; DERWENT	2002/12/12 13:39
-	1	(penciclovir or famciclovir) with ((immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3) or (cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone))	EPO; JPO; DERWENT	2002/12/12 13:39

-	4	(penciclovir or famciclovir) same ((immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3) or (cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone))	EPO; JPO; DERWENT	2002/12/12 13:39
-	7	(penciclovir or famciclovir) and ((immunosuppressant$2 or immuno adj suppressant$2 or cytotox$3 or corticosteroid$2 or steroid$2 or nsai or antiinflammator$3 or anti adj inflammator$3) or (cyclophosphamide or cyclosporin or hydrocortisone or cortisone or dexamethasone))	EPO; JPO; DERWENT	2002/12/12 13:39
-	795	penciclovir or famciclovir	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/09/24 09:33
-	66325	transplant$	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/09/24 09:33
-	12	(penciclovir or famciclovir) with transplant$	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/09/24 09:36
-	1	(penciclovir or famciclovir) same transplant$ not "32"	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/09/24 09:36
-	0	(penciclovir or famciclovir) same transplant$ not ((penciclovir or famciclovir) with transplant$)	USPAT; US-PGPUB; EPO; JPO; DERWENT	2003/09/24 09:36

8/7/5
DIALOG(R)File 155:MEDLINE(R)

07730228 93185505 PMID: 8095215
Evidence that famciclovir (BRL 42810) and its associated metabolites do not inhibit the 6 beta-hydroxylation of testosterone in human liver microsomes.
Harrell A W; Wheeler S M; Pennick M; Clarke S E; Chenery R J
Department of Drug Metabolism and Pharmacokinetics, SmithKline Beecham, Welwyn, Herts, UK.
Drug metabolism and disposition- the biological fate of chemicals (UNITED STATES) Jan-Feb 1993, 21 (1) p18-23, ISSN 0090-9556 Journal Code: 9421550
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Famciclovir is the diacetyl 6-deoxy analog of the active antiviral compound penciclovir with potential use in the treatment of infections caused by the herpes family of viruses. The major pathway of metabolism of famciclovir is deacetylation to BRL 42359 followed by oxidation to penciclovir. It is possible that famciclovir may be coadministered with cyclosporin A to combat viral infections induced by immunosuppression in organ transplant and bone marrow transplant patients. As a result, information is required on possible interactions between the cytochrome P-450 3A substrate cyclosporin A and famciclovir and its metabolites in humans. In order to probe cytochrome P-450 3A activity, testosterone 6 beta-hydroxylation in two human liver microsomal preparations was measured. Nicardipine and ketoconazole, two drugs with known inhibitory interactions with cyclosporin A, were used as positive controls. Profiles of 6 beta-hydroxytestosterone production showed no inhibition effected by famciclovir, penciclovir, or BRL 42359 when marked inhibition was observed in incubations containing nicardipine, nifedipine, or ketoconazole. Further incubations of [14C]BRL 42359 with human liver cytosol and microsomes indicated that BRL 42359 is oxidized to penciclovir in cytosol but not in microsomes and that this reaction was not dependent on the presence of NADPH. Because P-450 resides mainly in the microsomal fraction and is dependent on the presence of cofactors for catalytic activity, it seems that this oxidation is not catalyzed by cytochrome P-450.(ABSTRACT TRUNCATED AT 250 WORDS)
Record Date Created: 19930406
Record Date Completed: 19930406

? b 155
24sep03 07:00:06 User208669 Session D2386.1
$0.29 0.084 DialUnits File1
$0.29 Estimated cost File1
$0.03 TELNET
$0.32 Estimated cost this search
$0.32 Estimated total session cost 0.084 DialUnits

File 155:MEDLINE(R) 1966-2003/Sep W2
(c) format only 2003 The Dialog Corp.
*File 155: Medline has been reloaded and accession numbers have changed. Please see HELP NEWS 155.

Set Items Description
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? ds
Set Items Description
S1 559 PENCICLOVIR OR FAMCICLOVIR
S2 8815796 PY<1996
S3 434597 PY=1996
S4 66 S1 AND S2
S5 68234 HERPES? OR HSV?
S6 50 S4 AND S5
S7 371483 TRANSPLANT? OR IMMUNOSUPPRES?
S8 5 S6 AND S7
S9 4 S1 AND S3 AND S5 AND S7
? t s8/7/1-5
8/7/1
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2003 The Dialog Corp. All rts. reserv.
10311135 96113247 PMID: 8849193
Recent advances in genital herpes.
Mindel A
Academic Unit of Sexual Health Medicine, Sydney Hospital, NSW, Australia.
Annals of the Academy of Medicine, Singapore (SINGAPORE) Jul 1995, 24 (4) p584-92, ISSN 0304-4602 Journal Code: 7503289
Document type: Journal Article; Review; Review Literature
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed

The majority of transmissions occur as a consequence of inapparent infection in the source contact, as asymptomatic viral excretion in individuals with recurrent infection. The development of type specific serological assays has allowed for a more accurate determination of herpes simplex virus (HSV) 2 prevalence and has revealed that the prevalence of HSV 2 in sexually transmitted disease clinic attenders varies from 8%-83%, in female prostitutes from 75%-96% and in antenatal clinic attenders from 6%-53%. The majority of individuals (+/-60%) exposed to HSV 2 do not develop any symptoms. Patients treated for primary genital herpes are likely to resume sexual intercourse earlier than those who do not. Long-term suppressive acyclovir will result in decrease in clinical symptoms and viral excretion and may decrease the opportunity for HSV transmission. Acyclovir is the drug of choice for the treatment of primary genital herpes and for long-term acyclovir suppression. Two new drugs, valaciclovir and famciclovir, are currently under investigation. Failure to respond to acyclovir may be due to inadequate dose, malabsorption, another condition, or resistance. Resistance is rare and occurs mainly in profoundly immunosuppressed individuals, and is usually due to the development of thymidine kinase deficient mutants. Treatment with intravenous foscarnet is usually successful. Patients with genital herpes have a number of emotional problems, particularly if the condition recurs. Recent studies suggest that emotional stress does not precipitate recurrences, but rather recurrences cause stress. Long-term acyclovir suppression can decrease psychological morbidity in patients with frequent recurrences. (134 Refs.)
Record Date Created: 19961021
Record Date Completed: 19961021

8/7/2
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2003 The Dialog Corp. All rts. reserv.
10232943 96034253 PMID: 8548189
Herpes simplex virus resistance to acyclovir: clinical relevance.
Pottage J C; Kessler H A
Department of Medicine, Rush Medical College, Chicago, Illinois, USA.
Infectious agents and disease (UNITED STATES) Sep 1995, 4 (3) p115-24, ISSN 1056-2044 Journal Code: 9209834
Document type: Journal Article; Review; Review, Tutorial
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed

Herpes simplex virus (HSV) infections are very common in the general population and can be treated with the nucleoside analogue acyclovir. Acyclovir is initially phosphorylated intracellularly in HSV-infected cells by a viral-specific thymidine kinase to acyclovir-monophosphate. The monophosphate is subsequently di- and triphosphorylated by host cellular kinases to the active form of the drug, which inhibits HSV DNA polymerase and incorporates into the elongating viral DNA and causes chain termination. Acyclovir resistance has been increasingly described and is caused by mutations in either the thymidine kinase or the DNA polymerase genes. These mutations result in decreased or absent HSV thymidine kinase production, altered affinity of the thymidine kinase for acyclovir-triphosphate, or altered affinity of the HSV DNA polymerase for acyclovir-triphosphate. Thymidine kinase deficiency accounts for

approximately 95% of acyclovir-resistant isolates. Clinical disease due to acyclovir-resistant HSV occurs primarily in immunocompromised patients and is usually characterized by a chronic, progressive ulcerative mucocutaneous disease with prolonged shedding of virus. Several large surveys have been done in an effort to determine the incidence of in vitro and clinical acyclovir resistance. Among immunocompetent hosts, even those who have received > or = 6 years of continuous acyclovir, the prevalence of acyclovir-resistant isolates has remained stable at approximately 3%. Only three cases of clinical resistance of HSV to acyclovir have been reported. However, the incidence in immunocompromised patients, particularly those with AIDS and those who have had bone marrow transplants, is increasing. Transmission of acyclovir-resistant isolates from person to person has not been documented, but due to the increased use of acyclovir and newer drugs, such as famciclovir, there is great concern that this transmission might occur in the future. Continued surveillance in both immunocompetent and immunocompromised hosts for the development of clinical acyclovir-resistant HSV disease is necessary. (111 Refs.)
Record Date Created: 19960220
Record Date Completed: 19960220

8/7/3
DIALOG(R)File 155:MEDLINE(R)

08663155 95351752 PMID: 7625798
Comparison of efficacies of famciclovir and valaciclovir against herpes simplex virus type 1 in a murine immunosuppression model.
Field H J; Tewari D; Sutton D; Thackray A M
Centre for Veterinary Science, Cambridge University Veterinary School.
Antimicrobial agents and chemotherapy (UNITED STATES) May 1995, 39 (5) p1114-9, ISSN 0066-4804 Journal Code: 0315061
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
A mouse model of herpes simplex virus type 1 infection in an immunocompromised host was established by using cyclosporin-A to impair T-cell function. Following inoculation of herpes simplex virus type 1 into the skin of the ear pinna, cyclosporin-A prolonged virus replication in the skin and neural tissues compared with that in immunocompetent mice. This model was used to investigate the activity of famciclovir (FCV) and valaciclovir (VACV), which are oral products of the antiherpesvirus agents penciclovir and acyclovir, respectively. Both prodrugs gave similar blood profiles of the antiherpesvirus agents in normal and cyclosporin-treated mice. The compounds were administered by the oral route at 50 mg/kg per dose twice daily for 5 days. Both compounds were very effective at clearing infectious virus from the tissues despite the immunosuppression; FCV-treated animals cleared virus from the ear pinna more rapidly than VACV-treated animals. The areas under the concentration-time curve (AUC) for virus replication with time were reduced to 50 and 30% of control values for ear pinna and brain stem, respectively, with VACV therapy and to < 5% in both tissues by FCV. When treatment was continued to day 10, the reductions in AUC for ear and brain stem, respectively, were to 33 and 26% of control values with VACV and to < 3 and < 5% with FCV. However, on cessation of the antiviral treatment, there was a reproducible recurrence of infectious virus in the tissues obtained from VACV-treated mice. The recurrence of infectious virus was also evident after 10 days of treatment with VACV.(ABSTRACT TRUNCATED AT 250 WORDS)
Record Date Created: 19950831
Record Date Completed: 19950831

8/7/4
DIALOG(R)File 155:MEDLINE(R)

07946806 94012339 PMID: 8407694
Antivirals for the treatment of herpesvirus infections.
De Clercq E
Rega Institute for Medical Research, K.U. Leuven, Belgium.
Journal of antimicrobial chemotherapy (ENGLAND) Jul 1993, 32 Suppl A p121-32, ISSN 0305-7453 Journal Code: 7513617
Document type: Journal Article; Review; Review, Tutorial
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Agents available to treat herpesvirus infections include idoxuridine, trifluridine, vidarabine and acyclovir for the topical treatment of herpetic eye infections; vidarabine and acyclovir for the systemic (intravenous) treatment of herpes encephalitis; acyclovir for the topical and systemic (oral) treatment of genital herpes; acyclovir for the systemic (intravenous, oral) treatment of HSV or varicella-zoster (VZV) infections in immunosuppressed patients; brivudin for the systemic (oral) treatment of HSV-1 or VZV infections in immunosuppressed patients; and ganciclovir and foscarnet for the systemic (intravenous) treatment of cytomegalovirus (CMV) retinitis in AIDS patients. Brivudin is also effective in the treatment of herpetic eye infections that no longer respond to idoxuridine, trifluridine, vidarabine or acyclovir; and foscarnet is effective in the treatment of infections with acyclovir-resistant, thymidine kinase-deficient (TK-) HSV or VZV mutants. Other antiviral agents considered for use in herpesvirus infections include brovavir, penciclovir (and its prodrug famciclovir), desciclovir (a prodrug of acyclovir), bishydroxymethylcyclobutylguanine (BHCG) and, in particular, 1-(3-hydroxy-2-phosphonylmethoxypropyl)cytosine (HPMPC). The latter is more active than either acyclovir or ganciclovir in the chemotherapy and prophylaxis of various HSV-1, HSV-2, TK- HSV, VZV or CMV infections in animal models. (54 Refs.)

Record Date Created: 19931108
Record Date Completed: 19931108

8/7/5
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2003 The Dialog Corp. All rts. reserv.
07730228 93185505 PMID: 8095215
Evidence that famciclovir (BRL 42810) and its associated metabolites do not inhibit the 6 beta-hydroxylation of testosterone in human liver microsomes.
Harrell A W; Wheeler S M; Pennick M; Clarke S E; Chenery R J
Department of Drug Metabolism and Pharmacokinetics, SmithKline Beecham, Welwyn, Herts, UK.
Drug metabolism and disposition- the biological fate of chemicals (UNITED STATES) Jan-Feb 1993, 21 (1) p18-23, ISSN 0090-9556 Journal Code: 9421550
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Famciclovir is the diacetyl 6-deoxy analog of the active antiviral compound penciclovir with potential use in the treatment of infections caused by the herpes family of viruses. The major pathway of metabolism of famciclovir is deacetylation to BRL 42359 followed by oxidation to penciclovir. It is possible that famciclovir may be coadministered with cyclosporin A to combat viral infections induced by immunosuppression in organ transplant and bone marrow transplant patients. As a result, information is required on possible interactions between the cytochrome P-450 3A substrate cyclosporin A and famciclovir and its metabolites in humans. In order to probe cytochrome P-450 3A activity, testosterone 6 beta-hydroxylation in two human liver microsomal preparations was measured. Nicardipine and ketoconazole, two drugs with known inhibitory interactions with cyclosporin A, were used as positive controls. Profiles of 6 beta-hydroxytestosterone production showed no inhibition effected by famciclovir, penciclovir, or BRL 42359 when marked inhibition was observed in incubations containing nicardipine, nifedipine, or ketoconazole. Further incubations of [14C]BRL 42359 with human liver cytosol and microsomes indicated that BRL 42359 is oxidized to penciclovir in cytosol but not in microsomes and that this reaction was not dependent on the presence of NADPH. Because P-450 resides mainly in the microsomal fraction and is dependent on the presence of cofactors for catalytic activity, it seems that this oxidation is not catalyzed by cytochrome P-450.(ABSTRACT TRUNCATED AT 250 WORDS)
Record Date Created: 19930406
Record Date Completed: 19930406
? t s9/7/4
9/7/4
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2003 The Dialog Corp. All rts. reserv.
10505396 96315992 PMID: 8739594
Famciclovir: review of clinical efficacy and safety.
Cirelli R; Herne K; McCrary M; Lee P; Tyring S K
Department of Microbiology/Immunology, University of Texas Medical Branch, Galveston 77555, USA.
Antiviral research (NETHERLANDS) Mar 1996, 29 (2-3) p141-51, ISSN 0166-3542 Journal Code: 8109699
Document type: Journal Article; Review; Review, Tutorial
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Famciclovir is the well-absorbed oral form of penciclovir, an antiviral agent with potent activity against varicella-zoster virus (VZV) and herpes simplex virus (HSV-1) and 2 (HSV-2). After oral administration, famciclovir is rapidly converted to penciclovir with a bioavailability of 77%. penciclovir is efficiently phosphorylated to the active metabolite, penciclovir-triphosphate, and has a prolonged intracellular half-life of approximately 9-10 h in VZV-infected cells, and 10 and 20 h in cells infected with HSV-1 and HSV-2, respectively. Two multicenter clinical trials have shown that famciclovir given during the acute zoster phase accelerated healing of cutaneous lesions. More importantly, in a placebo-controlled study, famciclovir reduced the duration of postherpetic neuralgia (PHN), particularly in elderly patients. Famciclovir has also been proven effective in treating recurrent genital herpes, as demonstrated by a reduction in times to cessation of viral shedding, complete healing, and loss of all symptoms. One study showed that suppressive therapy with famciclovir was effective in reducing genital herpes episodes in patients with frequent recurrences. A promising new area of investigation for famciclovir is controlling virus replication in patients with chronic hepatitis B virus (HBV) or HBV reinfections after liver transplant. Results from a double-blind, placebo-controlled, pilot study and several case reports have shown that famciclovir, alone or in combination with other agents, decreased HBV-DNA levels and was tolerated with long-term treatment. Available clinical data indicate that famciclovir is an effective agent for treating herpes and holds significant promise for the treatment of chronic HBV infection HBV reinfection after liver transplantation. (54 Refs.)
Record Date Created: 19961129
Record Date Completed: 19961129
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Temp SearchSave "TD832" stored
? log hold
24sep03 07:08:49 User208669 Session D2386.2
$5.97 1.865 DialUnits File155
$0.00 9 Type(s) in Format 6

$1.26 6 Type(s) in Format 7
$1.26 15 Types
$7.23 Estimated cost File155
$2.10 TELNET
$9.33 Estimated cost this search
$9.65 Estimated total session cost 1.949 DialUnits
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24sep03 08:27:48 User208669 Session D2387.1
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$0.29 Estimated cost File1
$0.29 Estimated cost this search
$0.29 Estimated total session cost 0.082 DialUnits

File 155:MEDLINE(R) 1966-2003/Sep W2
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*File 155: Medline has been reloaded and accession numbers have changed. Please see HELP NEWS 155.

Set Items Description
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? ds
Set Items Description
S1 559 PENCICLOVIR OR FAMCICLOVIR
S2 8815796 PY<1996
S3 129451 CYCLOPHOSPHAMIDE OR CYCLOSPORIN OR HYDROCORTISONE OR DEXAM-
ETHASONE
S4 2 S1 AND S3 AND S2
S5 434597 PY=1996
S6 1 S1 AND S3 AND S5
S7 163206 CYTOTOX? OR CORTICOSTEROID? OR NSAI
S8 1 S1 AND S7 AND S2
S9 1 S1 AND S7 AND S5
? t s6/7
6/7/1
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2003 The Dialog Corp. All rts. reserv.
10661974 97010688 PMID: 8857721
Zoster myelitis: improvement with antiviral therapy in two cases.
de Silva S M; Mark A S; Gilden D H; Mahalingam R; Balish M; Sandbrink F; Houff S
Department of Neurology, Veterans Affairs Medical Center, Washington, DC 20422, USA.
Neurology (UNITED STATES) Oct 1996, 47 (4) p929-31, ISSN 0028-3878 Journal Code: 0401060
Contract/Grant No.: AG 06127; AG; NIA; NS 32623; NS; NINDS
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
This report describes two patients with acquired immunodeficiency syndrome (AIDS) and herpes zoster myelopathy. Patient one had a T-8 myelitis that preceded the onset of T-8-distribution zoster and was followed by cervical myelopathy. Antibody to varicella zoster virus (VZV) was present in the CSF. He never received steroids or other immunosuppressive drugs, and his condition improved dramatically after treatment with intravenous acyclovir. The second patient had a rapidly progressive myelitis with paralysis of both legs. Detection of VZV DNA and antibody to VZV in his CSF led to successful treatment with famciclovir despite discontinuation of dexamethasone and earlier treatment failure with acyclovir. These cases support the idea that VZV myelopathy in the immunosuppressed host is caused by virus invasion. CSF analysis for antiviral antibody and for VZV DNA by polymerase chain reaction are helpful in establishing the diagnosis. Aggressive antiviral therapy is advised.
Record Date Created: 19961127
Record Date Completed: 19961127
? t s8/7
8/7/1
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2003 The Dialog Corp. All rts. reserv.
08406619 95094634 PMID: 7528128
Recognition and treatment of shingles.
Nikkels A F; Pierard G E
Department of Dermatopathology, University of Liege, Belgium.
Drugs (NEW ZEALAND) Oct 1994, 48 (4) p528-48, ISSN 0012-6667 Journal Code: 7600076
Document type: Journal Article; Review; Review, Academic
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Varicella zoster virus (VZV) is responsible for a primary infection (varicella) followed by a latency, eventually resulting in herpes zoster (shingles). The replication cycle of VZV is normally interrupted after varicella. Consequently, VZV remains dormant in the organism. Reactivation occurs after viraemia, and the development of tissue alterations (skin and viscera) depends on the immunological status of the patient. Diagnosis of herpes zoster relies on clinical recognition and cytological and histological evaluations combined with immunohistochemistry and molecular biology techniques. Treatment of herpes zoster primarily relies upon antiviral drugs and incidentally on immunomodulating agents, specific immunoglobulins, antimicrobial agents, antiviral enzymes and corticosteroids. Drugs with a clinically relevant activity against

varicella zoster virus infections include aciclovir, adenosine monophosphate, bromodeoxyuridine, desciclovir, fiacitabine, idoxuridine, interferon-alpha and vidarabine. Among them, aciclovir appears to be a first-line agent. Its efficacy has been well established by many clinical studies. Promising drugs for the future include famciclovir, penciclovir, valaciclovir and other molecules currently under investigation. Recent and promising improvements in antiviral drug development may increase patient compliance, cost-benefit ratios and therapeutic efficacy. (221 Refs.)
Record Date Created: 19950125
Record Date Completed: 19950125
? t s9/7
9/7/1
DIALOG(R)File 155:MEDLINE(R)
(c) format only 2003 The Dialog Corp. All rts. reserv.
10587703 96402589 PMID: 8845591
Antiviral therapy of acute herpes zoster in older patients.
Herne K; Cirelli R; Lee P; Tyring S K
Department of Microbiology/Immunology, University of Texas Medical Branch, Galveston 77555, USA.
Drugs & aging (NEW ZEALAND) Feb 1996, 8 (2) p97-112, ISSN 1170-229X Journal Code: 9102074
Document type: Journal Article; Review; Review, Tutorial
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Although herpes zoster (shingles) can occur in anyone with a history of chickenpox, it is more prevalent and usually more severe in older patients (i.e. persons over 50 years of age). While the cutaneous manifestations of shingles usually resolve in approximately 4 weeks, the pain can persist for several months, or even years in the untreated patient. This pain following healing of the skin, termed post-herpetic neuralgia (PHN), can be very severe. Three well tolerated and effective antiviral drugs are available for the therapy of acute herpes zoster. The nucleoside analogues, aciclovir, famciclovir and valaciclovir, appear to shorten the duration of PHN to a similar degree, but none affects the incidence of PHN. Aciclovir is taken 5 times daily for 7 days, while famciclovir is taken 3 times daily for 7 days. Valaciclovir, the L-valyl ester of aciclovir, when taken orally, produces plasma levels of aciclovir equivalent to those seen following intravenous administration of aciclovir. Valaciclovir has not only been proved to be more efficient than aciclovir (i.e. 3 times daily administration) but also more effective than aciclovir in shortening the duration of PHN. Current studies are determining the relative efficacy of valaciclovir versus famciclovir. Presently, a fourth drug, sorivudine, is being compared with aciclovir for the therapy of acute herpes zoster in older patients, but data from these trials are not yet available. Corticosteroids have been used to treat herpes zoster for much longer than the antiviral drugs, but the effect of corticosteroids on PHN does not appear to be consistent. Corticosteroids plus aciclovir did not provide an added benefit over aciclovir alone in one study but this combination did appear to improve the quality of life of older patients in another investigation. The recent availability of the varicella zoster vaccine may cause shingles to be an uncommon and/or mild disease by the mid twenty-first century. Meanwhile, the search continues for more effective and efficient therapies for acute herpes zoster with the primary goal in older patients to affect the most important sequela of zoster in this population, PHN. (89 Refs.)
Record Date Created: 19961024
Record Date Completed: 19961024
? log hold
24sep03 08:34:17 User208669 Session D2387.2
$6.83 2.136 DialUnits File155
$0.00 5 Type(s) in Format 6
$0.63 3 Type(s) in Format 7
$0.63 8 Types
$7.46 Estimated cost File155
$1.62 TELNET
$9.08 Estimated cost this search
$9.37 Estimated total session cost 2.217 DialUnits
Logoff: level 03.02.02 D 08:34:17

? b 155
24sep03 09:28:54 User208669 Session D2388.1
$0.29 0.084 DialUnits File1
$0.29 Estimated cost File1
$0.01 TELNET
$0.30 Estimated cost this search
$0.30 Estimated total session cost 0.084 DialUnits

File 155:MEDLINE(R) 1966-2003/Sep W2
(c) format only 2003 The Dialog Corp.
*File 155: Medline has been reloaded and accession numbers have changed. Please see HELP NEWS 155.

Set Items Description
--- ----- -----------
? s au=field h?
S1 207 AU=FIELD H?
? s hsv and s1
11934 HSV
207 S1
S2 27 HSV AND S1
? s cyclosporin and s2
13622 CYCLOSPORIN
27 S2

```
     S3      0  CYCLOSPORIN AND S2
 ? save temp
 Temp SearchSave "TD833" stored
 ? b 50;exs
      24sep03 09:30:44 User208669 Session D2388.2
         $1.36   0.426 DialUnits File155
           $0.00  27 Type(s) in Format  6
         $0.00  27 Types
    $1.36  Estimated cost File155
    $0.46  TELNET
    $1.82  Estimated cost this search
    $2.12  Estimated total session cost   0.510 DialUnits

File  50:CAB Abstracts  1972-2003/Aug
     (c) 2003 CAB International
*File  50: Truncating CC codes is recommended for full retrieval.
See Help News50 for details.

     Set  Items  Description
     ---  -----  -----------
Executing TD833
     S1      0  AU=FIELD H?
           596  HSV
             0  S1
     S2      0  HSV AND S1
           693  CYCLOSPORIN
             0  S2
     S3      0  CYCLOSPORIN AND S2
? b 5;exs
      24sep03 09:31:03 User208669 Session D2388.3
         $0.71   0.159 DialUnits File50
    $0.71  Estimated cost File50
    $0.22  TELNET
    $0.93  Estimated cost this search
    $3.05  Estimated total session cost   0.669 DialUnits

File   5:Biosis Previews(R)  1969-2003/Sep W2
     (c) 2003 BIOSIS

     Set  Items  Description
     ---  -----  -----------
Executing TD833
     S1     230  AU=FIELD H?
          12993  HSV
            230  S1
     S2      36  HSV AND S1
          18531  CYCLOSPORIN
             36  S2
     S3      2  CYCLOSPORIN AND S2
? b 411
      24sep03 09:34:34 User208669 Session D2388.4
         $1.35   0.242 DialUnits File5
           $0.00  2 Type(s) in Format  6
         $0.00  2 Types
    $1.35  Estimated cost File5
    $0.92  TELNET
    $2.27  Estimated cost this search
    $5.32  Estimated total session cost   0.910 DialUnits
File 411:DIALINDEX(R)
DIALINDEX(R)
  (c) 2003 The Dialog Corporation plc
*** DIALINDEX search results display in an abbreviated ***
*** format unless you enter the SET DETAIL ON command. ***
? sf allscience
  You have 248 files in your file list.
  (To see banners, use SHOW FILES command)
? s au=(field h? or field, h?) and hsv and cyclosporin
Your SELECT statement is:
  s au=(field h? or field, h?) and hsv and cyclosporin
        Items   File
        -----   ----
            2     5: Biosis Previews(R)_1969-2003/Sep W2
            2    34: SciSearch(R) Cited Ref Sci_1990-2003/Sep W2
            1    73: EMBASE_1974-2003/Sep W2
     Examined  50 files
            1   144: Pascal_1973-2003/Sep W2
     Examined 100 files
            1   348: EUROPEAN PATENTS_1978-2003/Sep W02
            1   349: PCT FULLTEXT_1979-2002/UB=20030918,UT=20030911
     Examined 150 files
            1   399: CA SEARCH(R)_1967-2003/UD=13913
            2   440: Current Contents Search(R)_1990-2003/Sep 24
     Examined 200 files
            2   654: US Pat.Full._1976-2003/Sep 18

  9 files have one or more items; file list includes 248 files.
  One or more terms were invalid in 118 files.

? b save temp
>>>"SAVE" is not a valid category or service name
>>>"TEMP" is not a valid category or service name
>>>No valid files specified
DIALINDEX(R)
  (c) 2003 The Dialog Corporation plc
```

*** DIALINDEX search results display in an abbreviated ***
*** format unless you enter the SET DETAIL ON command. ***
? save temp
Temp SearchSave "TD834" stored
? b 73, 144, 348, 349, 399;exs
24sep03 09:37:25 User208669 Session D2388.5
$4.48 2.242 DialUnits File411
$4.48 Estimated cost File411
$0.70 TELNET
$5.18 Estimated cost this search
$10.50 Estimated total session cost 3.152 DialUnits

SYSTEM:OS - DIALOG OneSearch
File 73:EMBASE 1974-2003/Sep W2
(c) 2003 Elsevier Science B.V.
File 144:Pascal 1973-2003/Sep W2
(c) 2003 INIST/CNRS
File 348:EUROPEAN PATENTS 1978-2003/Sep W02
(c) 2003 European Patent Office
File 349:PCT FULLTEXT 1979-2002/UB=20030918,UT=20030911
(c) 2003 WIPO/Univentio
File 399:CA SEARCH(R) 1967-2003/UD=13913
(c) 2003 American Chemical Society
*File 399: Use is subject to the terms of your user/customer agreement.
Alert feature enhanced for multiple files, etc. See HELP ALERT.

Set Items Description
--- ----- -----------
Executing TD834
381 AU=FIELD H?
118 AU=FIELD, H?
27106 HSV
75203 CYCLOSPORIN
S1 5 AU=(FIELD H? OR FIELD, H?) AND HSV AND CYCLOSPORIN
? t s1/6/1-5
1/6/1 (Item 1 from file: 73)
06174161 EMBASE No: 1995203164
The effects of delayed-onset chemotherapy using famciclovir or valaciclovir in a murine immunosuppression model for HSV-1
1995

1/6/2 (Item 1 from file: 144)
12185974 PASCAL No.: 95-0401014
The effects of delayed-onset chemotherapy using famciclovir or valaciclovir in a murine immunosuppression model for HSV-1
1995

1/6/3 (Item 1 from file: 348)
00784682
USE OF AMINOPURINE ANTIVIRAL AGENTS FOR THE TREATMENT AND PROPHYLAXIS OF
LATENT HERPESVIRUS INFECTIONS
VERWENDUNG VON AMINOPURINEN ANTIVIRALEN MITTELN ZUR BEHANDLUNG UND
PROPHYLAXE DER LATENTEN HERPES-VIRUS INFEKTIONEN
EMPLOI D'AGENTS ANTIVIRAUX A BASE D'AMINOPURINE POUR LE TRAITEMENT ET LA
PROPHYLAXIE D'INFECTIONS LATENTES PAR LES HERPESVIRUS
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:
Available Text Language Update Word Count
CLAIMS B (English) 200145 134
CLAIMS B (German) 200145 132
CLAIMS B (French) 200145 144
SPEC B (English) 200145 1587
Total word count - document A 0
Total word count - document B 1997
Total word count - documents A + B 1997

1/6/4 (Item 1 from file: 349)
00335884 **Image available**
USE OF AMINOPURINE ANTIVIRAL AGENTS FOR THE TREATMENT AND PROPHYLAXIS OF
LATENT HERPESVIRUS INFECTIONS
EMPLOI D'AGENTS ANTIVIRAUX A BASE D'AMINOPURINE POUR LE TRAITEMENT ET LA
PROPHYLAXIE D'INFECTIONS LATENTES PAR LES HERPESVIRUS
Publication Language: English
Fulltext Availability:
Detailed Description
Claims
Fulltext Word Count: 2395
Publication Year: 1996

1/6/5 (Item 1 from file: 399)
DIALOG(R)File 399:(c) 2003 American Chemical Society. All rts. reserv.
The influence of cyclosporin immunosuppression on the efficacy of famciclovir or valaciclovir chemotherapy studied in a murine herpes simplex virus type 1 infection model
? log hold
24sep03 09:39:05 User208669 Session D2388.6
$0.90 0.098 DialUnits File73
$0.00 1 Type(s) in Format 6
$0.00 1 Types

$0.90 Estimated cost File73
$0.19 0.054 DialUnits File144
$0.00 1 Type(s) in Format 6
$0.00 1 Types
$0.19 Estimated cost File144
$0.24 0.054 DialUnits File348
$0.25 1 Type(s) in Format 6
$0.25 1 Types
$0.49 Estimated cost File348
$0.28 0.059 DialUnits File349
$0.25 1 Type(s) in Format 6
$0.25 1 Types
$0.53 Estimated cost File349
$0.67 0.054 DialUnits File399
$0.55 1 Type(s) in Format 6
$0.55 1 Types
$1.22 Estimated cost File399
OneSearch, 5 files, 0.317 DialUnits FileOS
$0.46 TELNET
$3.79 Estimated cost this search
$14.29 Estimated total session cost 3.470 DialUnits
Logoff: level 03.02.02 D 09:39:05